# Colorado Medicaid Provider Relations

Access to Care is our Goal

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#### The Big Question...

**Access to health care** - "the timely use of personal health services to achieve the best health outcomes" (IOM, 1993). Attaining good access to care requires three discrete steps:

- Gaining entry to the health care system (Medicaid eligibility)
- Getting access to care sites where members can receive needed services (access to Medicaid providers)
- Finding providers to meet member needs and with whom members can develop relationships (medical homes)

#### Where We've Been

- Access to Medicaid providers has always been a challenge.
- HRSA grant funded provider recruitment work in 2011-13.
- Medicaid expansion in 2014 has covered over 250,000 Coloradans, but increased pressure on provider capacity.\*
- A dedicated Provider Relations Unit was established in March 2014 to focus on provider recruitment, retention and relations.
- While primarily focused on Medicaid providers, HCPF participates in many multiagency, multi-payer healthcare workforce initiatives.

<sup>\*</sup>Medicaid enrollment as of November 2014 was ~1,125,105.

#### What's in our Buckets?

- Improve access to care
- Identify and develop solutions to existing barriers to provider participation
- Implement technology to streamline administrative processes
- Connect most Medicaid members to a person-centered health home
- Support integration of health services
- Develop the Medicaid workforce of the future
- Expand and improve relationships between Medicaid and the provider community

## Benefits of Medicaid Participation

- **Public health programs** help more than **one million** low income Coloradans get the care they need.
- Medicaid providers can continue to serve existing patients.
- Medicaid providers get claims paid faster.
- Medicaid's rich benefit and **new preventive services** help keep patients healthier.
- Medicaid providers may also be eligible for additional financial incentives.
- Medicaid providers help keep their communities healthier!

## Major Strategies to Support Provider Participation

- Reimbursement
  - Administrative Improvements
- Benefit Design
  - Delivery System Innovation

#### Strategy: Reimbursement

- Across the board rate increases for FY13-14 and 14-15
- Targeted rate increases for certain specialty codes began 7/1/14
- Enhanced reimbursement for primary care extended through June 2016
- Funding for studies of reimbursement impact on provider access and development of a rates reassessment methodology
- eConsult implementation for specialists
- Investment in primary care through the ACC program's PMPM and performance incentive payments to enrolled providers

## Strategy: Administrative Improvements

- New Website at: www.colorado.gov/hcpf/our-providers. Viewable on mobile devices.
- New online Find a Provider feature, also viewable on mobile devices.
- As of July 2014, dental providers submit enrollment applications, claims and PARs online to the Department's dental ASO, DentaQuest.
- Implementation of CMS 1500 billing form in December 2014 aligns Medicaid with other payers.
- Implementation of Colorado interChange enrollment module planned for summer 2015.
- When fully implemented in 2017, interChange will allow providers to check on PAR and claims status 24/7
- ColoradoPAR new incentives to approve PARs in <4 days</li>

#### Strategy: Benefit Design

- Benefits Collaborative implemented
  - Benefit amount, scope, duration are clearly defined
  - Extensive stakeholder engagement
- Implemented Medicaid's first adult dental benefit April 2014.
  - Oral health supports overall health
- Expanded **preventive services** for all Members
- Accountable Care Collaborative Medicare-Medicaid Program
  - Integration of Long-Term Services & Supports with primary care and other providers

# Strategy: Delivery System Innovation

- Accountable Care Collaborative (ACC) Program
  - Regional Care Collaborative Organizations (RCCOs) support provider network development, client care coordination, and practice support.
  - RCCOs address member issues like transportation, child care, food assistance, health literacy, and navigating multiple systems.
- Mental health and substance use disorder services now offered in an integrated behavioral health benefit package and delivery system.
- Behavioral health and **long-term services and supports systems** will be aligned in the new ACC program contracts in 2016-17.
- New partnerships with local **public health** agencies (LHPAs) and other non-traditional Medicaid providers, e.g. **community para-medicine** teams and Community Health Workers.

## Healthcare Workforce Development

- Not just more providers not just higher rates
- Workforce capacity is needed across all systems and payers but...
- Better data on actual workforce capacity is needed to identify areas of highest need and appropriate network capacity
- New provider types may be needed to deliver preventive and educational services, help members navigate the health care system, and support health and health behavior changes
- The Department plans to implement some of these providers in the ACC, e.g. Community Health Workers, Patient Navigators
- Communities need to create environments that support providers working in underserved areas

#### **Initial Outcome Metrics**

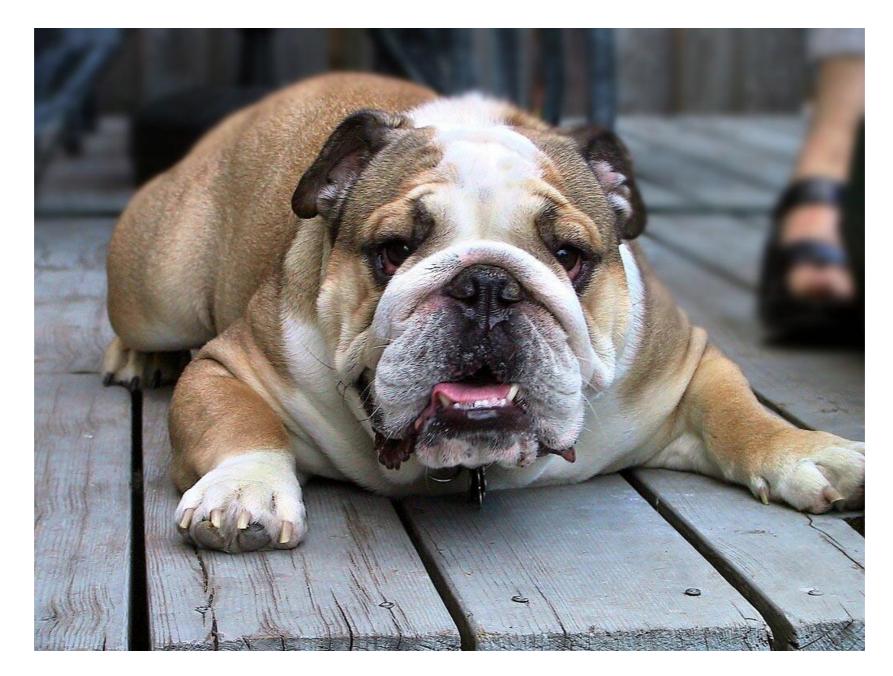
- ↑ Medicaid Provider Enrollment: total # of providers, # of primary care providers, # of dental providers.
- † in # of primary care providers enrolled in the ACC
- † in # of ACC eligible clients connected with an ACC-enrolled provider
- † in # of Colorado counties with a least one ACC-enrolled PCMP
- † in # of adults and children receiving preventive/ ambulatory care services
- † in # of pregnant women receiving pre-natal care

#### Hot Topics and Next Steps

- Complete gap analysis of Medicaid primary care and specialty provider capacity.
- Actively recruit Medicaid providers in shortage areas, promote ACC program participation.
- Expand use of Community Health Workers, Patient Navigators, peer support and other lay providers in ACC program (2015)
- Implement proposal for regular evaluation of reimbursement rates (2014-15)
- Implement interChange provider enrollment module (late 2015) and new MMIS (2017)
- Fully implement mandated federal provider screening rules (2016)
- Develop RFP for new RCCO contracts (2014-15)

#### How to Work with Us

- Contact us about issues that impact providers, e.g.: specialist access, administrative processes/systems glitches, coordinating multiple systems that touch our members, policies that create barriers to good care.
- Share your ideas for provider recruitment and retention.
- Participate in our stakeholder engagement activities.
- Let us know about opportunities to participate in: provider outreach and education, population-based health promotions, collaborations with other state and local initiatives
- Help us communicate with providers, Medicaid members and communities as healthcare delivery evolves.



"We must take change by the hand or rest assuredly, change will take us by the throat."

~ Winston Churchill

# Thank You

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